

Route: ZONING / D.O. - B.I. - FIRE / HAZMAT - P.D. - HEALTH

TAXPAYER # _____ HO# _____ NAICS _____ SIC _____ NEW BUS./CHANGE _____

BUSINESS APPLICATION

Please complete ALL SPACES related to your business.
Please type or print clearly in ink.

Section A

(BUSINESS NAME) _____

(CORPORATION NAME, IF DIFFERENT) _____

BUSINESS LOCATION: _____
Number _____ Street _____ City _____ State _____ Zip _____BUSINESS MAILING ADDRESS: _____
Number _____ Street _____ City _____ State _____ Zip _____

DESCRIPTION OF BUSINESS: _____

WEBSITE ADDRESS: _____ NO. OF EMPLOYEES AT FREMONT LOCATION INCLUDING OWNER: _____

BUSINESS PHONE NUMBER: () _____ FAX PHONE NUMBER: () _____

NAME/TITLE OF CONTACT PERSON IN FREMONT: _____ PHONE #: _____

RESALE LICENSE #
(sales tax) _____

FEDERAL TAXPAYER'S ID # _____

STATE TAXPAYER'S ID # _____

CONTRACTOR'S LICENSE # _____

CHECK ALL APPROPRIATE BOX(ES) AND DESCRIBE BUSINESS ACTIVITY. WRITE PERCENTAGE IF MORE THAN ONE.

Description of business determines your tax rate. Please provide detailed description of business activity.

Does your company sell products over the internet? YES/NO Or by catalog? YES/NO

<input type="checkbox"/> Retail Sales _____%	<input type="checkbox"/> Service _____%
<input type="checkbox"/> Wholesale _____%	<input type="checkbox"/> Professional Services _____%
<input type="checkbox"/> Warehousing _____%	<input type="checkbox"/> Administrative Office (No Sales) _____%
<input type="checkbox"/> Manufacturing _____%	<input type="checkbox"/> Research & Development _____%
<input type="checkbox"/> Real Estate _____%	<input type="checkbox"/> Rental Property Mgmt/Ownership _____%

If high tech company, choose appropriate industry description:

Bio-technology
Medical Equipment
Semiconductors
Telecommunications
Computer Software
Computer Hardware
Contract Assembly

Check one: SOLE OWNERSHIP (S) _____ PARTNERSHIP (P) _____ LTD. LIABILITY PTR (L) _____ CORPORATION (C) _____

PLEASE list information regarding the business owner(s), partners or agent of service with address (DO NOT LEAVE BLANK):

Owner e-mail address: _____

(LAST NAME/TITLE) (FIRST NAME) (M.I.) (PHONE #) (SOCIAL SECURITY #) (DRIVERS LIC. #)

PRIMARY OWNER'S Home Address: _____
Number _____ Street _____ City _____ State _____ Zip _____**Section B**

- Is your company headquarters located in Fremont? If no, where are they located? _____
If yes, do you have subsidiaries/branch offices in other countries? ☐ No ☐ Yes Which countries? _____
- Does the business IMPORT or EXPORT products or services from/to foreign countries? YES _____ NO _____
If YES, which countries? _____
- When will this business open in Fremont at this address? Date: Month _____ Year _____
Please check box if: ☐ Location change ☐ Name change ☐ Other Effective date: Month _____ day _____ year _____
- If known, please list the name and type of previous business occupying this location: _____
- What is the square footage of your location? _____
- If your business has a separate STORAGE or CORPORATION YARD, indicate the location: _____

FIRE DEPARTMENT QUESTIONS (Additional permits may be required – contact 494-4285)

Are there any HAZARDOUS MATERIALS used, stored, or transported? YES _____ NO _____

If you answered YES, attach a detailed list of materials and quantities used or stored.

Will your business have PUBLIC ASSEMBLY (restaurant, bar, theatre, bowling, etc.)? YES _____ NO _____

Does your business share occupancy with another business? YES _____ NO _____

If YES, what is the name of that business? _____

POLICE DEPARTMENT QUESTIONS (Additional permits may be required – contact 790-6972)

Is the business involved in any way with FIREARMS or EXPLOSIVES? YES _____ NO _____

Does the business dispense or sell ALCOHOLIC BEVERAGES? YES _____ NO _____

NOTE: PAYMENT OF BUSINESS TAX DOES NOT RELIEVE THE APPLICANT/BUSINESS OF THE REQUIREMENT TO COMPLY WITH ZONING, HEALTH, SAFETY AND OTHER STATE, FEDERAL AND CITY REGULATIONS.

Section C

PRINT APPLICANT'S NAME: _____ PHONE NUMBER: _____

I hereby certify under penalty of making a false oath that the information contained herein is, to the best of my knowledge and belief, a true and complete statement.

(Signature of Owner or Authorized Agent) _____

DATE: _____

RETURN TO REV. & TAX BY: _____

Bldg. Insp. File No.: _____

TAXPAYER #: _____

HO#: _____

Occ. Grp.: _____

Constr. Type: _____

S.I.C. _____

ZONING DISTRICT _____		Appl. Recv'd	Approved	Denied	Signature	Date
Zoning/D.O.	494-4455					
Building Inspection	494-4460					
Fire/Hazardous Mat Dept	494-4285					
Police Department	790-6972					
Health Department	567-6700					
Department	DENIAL INFORMATION Comments					
Department	Other Comments					

This copy returned to disapproving department for FILE.

NOTICE OF COMPLIANCE SENT: _____NONCOMPLIANCE: _____



Revenue & Treasury Division
39550 Liberty Street, P.O. Box 5006, Fremont, California 94537-5006
(510) 494-4790 ph • www.ci.fremont.ca.us

BUSINESS TAX APPLICATION

All persons conducting a business in/from the City of Fremont are required to pay the City Business Tax ("License") and any related fees. It is very important that the City has a correct and accurate record of your business.

The application for a FREMONT BASED BUSINESS is subject to a review process.

INSTRUCTIONS FOR COMPLETION OF FORM:
Fremont based businesses must complete Sections A, B, & C
Out of town businesses must complete Sections A & C